



Division of Aging Services

State Review Guide

for

Nutrition Service Program HCBS – Section 304.6 Part D – Administrative Responsibilities of Nutrition Service Providers

PSA/County: _____ **Site/Provider:** _____

Reviewer: _____ **Date:** _____

Revised November 18, 2004

Nutrition Review Guide Purpose, Service Definitions and Abbreviations/Acronyms

Purpose and Scope:

This review guide is designed to assist Area Agencies on Aging in measuring the compliance and performance of providers of HCBS Nutrition Services.

Area Agencies shall contract only with qualified agencies, properly licensed food vendors, and licensed registered dietitians (or individuals with comparable expertise) for the provision of these nutrition services. An Area Agency providing these services directly shall be accountable to the same rules, regulations and compliance measures and is subject to being monitored by the Division of Aging Services using this review guide.

This review guide is divided into sections relative to activities and requirements as described in Manual Section 304 – Nutrition Program Guidelines and Requirements. It is the responsibility of the AAA to determine the review guide section or sections required to monitor a service provider or a service appropriately.

Review Guide Sections:

- **Part A, Section 304.3 - Congregate Nutrition Program Description and Performance Requirements**
- **Part B, Section 304.4 - Home Delivered Meal Program Description and Performance Requirements**
- **Part C, Section 304.5 - Requirements for Meals**
- **Part D, Section 304.6 - Administrative Responsibilities of Nutrition Service Providers**
- **Part E, Section 304.8 - Registered Dietitians**
- **Part F, Section 304 - Nutrition Education, Nutrition Screening, and Nutrition Counseling**
- **Part G - Appendix A**
- **Part H - Nutr-HCBS 304 client check sheets (Excel Spreadsheet)**

Abbreviations and Acronyms (Peculiar to this guide/Service/Program):

AAA	Area Agency on Aging
ADL	Activities of Daily Living
AIMS	Aging Information Management System
CBA	County Based Agency
DON-R	Determination of Need - Revised
DAS	Division of Aging Services
DHR	Department of Human Resources
FN	Footnote
IADL	Instrumental Activities of Daily Living
NSI	Nutrition Screening Initiative
UCM	Uniform Cost Methodology

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ITEMS TO BE COMPLETED PRIOR TO ON-SITE REVIEW

It is suggested the monitor to complete the following tasks and review guide items before making the on-site visit. Items are identified with an asterisk () in the review guide.*

<i>Item #</i>	<i>Review Guide #</i>	<i>Action Required</i>	<i>Purpose</i>	<i>Completed</i>
1.	12. & 13.	<i>Review Contract and/or AIMS Contract Documents</i>	To verify unit cost(s) and CBS funding.	Yes _____ No _____

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1. * <i>NOTE – One or more of the review guide sections for Manual Sections 304, 202 and 206 may be required to adequately monitor a service provider and/or a service.</i>	304.6.e	<p><u>Food borne illness complaints.</u></p> <p>Describe the provider’s procedures (which includes the requirements in Section 304.6.e) should two or more persons complain with symptoms of a food borne illness within a similar time frame after consuming food supplied through the nutrition service program.</p> <p>Monitor’s Findings/Comments:</p>	<p>Yes ___ No ___ N/A___</p> <p>Comments:</p>
2.	304.6.f	<p><u>Weather-related emergencies, fires, and other disasters.</u></p> <p><i>Monitor – review the provider’s written procedures to provide for the availability of food to participants in anticipation of and during emergencies and disasters, including contingency planning for delivery vehicle breakdowns, inclement weather, shortages in food deliveries, food contamination, spoilage, etc.</i></p> <p>Monitor’s Findings/Comments:</p>	<p>Yes ___ No ___ N/A___</p> <p>Comments:</p>

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<p>3.</p>	<p>304.6.g; *206.14.a, *206.14.b, *206.14.c, & *206.14.e</p>	<p><u>Management and oversight of the nutrition program.</u></p> <p>NOTE: Items 304.6.g. are addressed in the review guide for Section 206.14.a, b, c, and e also. If Sections 304 and 206 are being administered simultaneously, it is not necessary to document this requirement in both review guides.</p> <p>(1)The provider agency has identified an individual (full-time, paid staff person) who is responsible for the overall day-to-day management of nutrition services and compliance with performance requirements, standards and procedures, and has established a formal system of supervision for both paid and volunteer staff.</p> <p>Name:</p> <p>Title:</p> <p>(2) This person, and any other employee(s) responsible for food service management, shall complete appropriate coursework in food protection, etc. in accordance with these sections.</p> <p>Has the appropriate staff completed the coursework for certification?</p> <p style="text-align: center;">Yes _____ No _____</p> <p>If “yes”, please indicate certification program(s):</p> <p>If “no”, when will training occur?</p> <p>Monitor’s Findings/Comments:</p>	<p>(1) Yes ___ No ___ N/A___ Comments:</p> <p>(2) Yes ___ No ___ N/A___ Comments:</p>
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4.	304.6.h	<p><u>Staff orientation and training</u> <i>Monitor – request documentation of orientation and ongoing training to administrative and direct service staff and volunteers for providing safe, appropriate, and efficient services to the elderly, and compliance with all applicable requirements and procedures. See Appendix 304-B for basic topics required for training. Providers may offer additional topics. (Documentation shall include content/training materials, dates, and names of staff and volunteers.)</i></p> <p>Monitor’s Findings/Comments:</p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
5.	304.6.i	<p><u>Health inspections.</u> <i>Monitor – verify that the nutrition center has a current, passing, annual health inspection certificate posted.</i></p> <p>Health Inspection Certificate is good through: _____ (Date)</p> <p>Grade: _____</p> <p>Monitor’s Findings/Comments:</p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
6.	304.6.j; *202.8.c (Revised); and *202.4.c	<p><u>Record keeping and reporting.</u> Provider has a provision/policy to retain all records, to include client files, etc., related to the Aging program on file for at least six (6) years after the end of the contract period or until such time as any claims resulting from appeals, grievances or litigations are resolved.</p> <p>Monitor – Review written policy.</p> <p>Records/files are maintained in a secure, locked area when not in use by authorized personnel. Where are the files located now?</p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>

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6...Cont'd		<p>Where will records/files be maintained (secure, locked area) for retention period after this contract ends?</p> <p>Monitor's Findings/Comments:</p>	
7.	<p>304.6.j; *304.3.e.1; *304.3.g.3; *304.3.g.9; *304.4.k and 304.6.1.1</p>	<p><u>Record keeping and reporting.</u></p> <p><i>Monitor – request to review the following documentation from the provider (verify that documentation exists and who is responsible for documenting):</i></p> <p>(1) Service logs documenting persons who receive meals, for both congregate and home delivered meals program, if applicable;</p> <p>Congregate Meals: By: _____ (Name and/or Title)</p> <p>Home Delivered Meals: By: _____ (Name and/or Title)</p> <p>(2) Meal counts, to include eligible and ineligible meals for the Nutrition Service Incentive Program (NSIP). By: _____ (Name and/or Title)</p>	<p>(Congregates)</p> <p>Yes ___ No ___ N/A ___</p> <p>Comments:</p> <p>(Home Delivered Meals)</p> <p>Yes ___ No ___ N/A ___</p> <p>Comments:</p> <p>(2)</p> <p>Yes ___ No ___ N/A ___</p> <p>Comments:</p> <p>(3)</p> <p>Yes ___ No ___ N/A ___</p>

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7. Cont'd.		<p>(3) Perpetual and physical food inventory records for all foods, if meals are prepared on-site. By: _____ (Name and/or Title)</p>	<p>Comments:</p>
		<p>(4) Food costs records, if applicable. By: _____ (Name and/or Title)</p>	<p>(4) Yes ___ No ___ N/A ___ Comments:</p>
		<p>(5) Documentation of daily temperature checks for congregate and/or home delivered meals. <i>(Note to Monitor: Daily temperature checks have been addressed and documented under Sections 304.3.g.3 and 304.4.k.)</i></p>	<p>(5) Yes ___ No ___ N/A ___ Comments:</p>
		<p>(6) Documentation of daily meal reports: By: _____ (Name and/or Title)</p>	<p>(6) Yes ___ No ___ N/A ___ Comments:</p>
		<p>(7) Method used to obtain participant feedback:</p>	<p>(7) Yes ___ No ___ N/A ___ Comments:</p>
		<p>(8) How often is participant feedback requested?</p>	<p>(8) Yes ___ No ___ N/A ___ Comments:</p>
		<p>(9) How is participant feedback documented? By: _____ (Name and/or Title)</p>	<p>(9) Yes ___ No ___ N/A ___ Comments:</p>
		<p>Monitor's Findings/Comments:</p>	

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8.	304.6.k	<p><u>Contributions.</u> How are participant contributions collected and how is a client’s right to confidentiality protected?</p> <p>Monitor’s Findings/Comments:</p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
9.	304.6.k.1	<p><u>Contributions.</u> How are participant contributions utilized by this provider at this site?</p> <p><i>Monitor – verify that the use of participant contributions are in compliance with 304.6.k.1 A – D.</i></p> <p>Monitor’s Findings/Comments:</p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
10.	304.6.k.3	<p><u>Contributions.</u> Have services been denied to a potential or active client due to his/her inability or unwillingness to make a voluntary contribution? Yes _____ No _____</p> <p>Monitor’s Findings/Comments:</p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
11.	304.6.k.4	<p><u>Contributions.</u> <i>Monitor – Ask the provider’s representative to describe how the staff and volunteers encourage participants to contribute to the program. Providers shall assure that solicitations of voluntary contributions are non-coercive in nature.</i></p> <p>Monitor’s Findings/Comments:</p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>

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12.	304.6.i.1 and 304.6.j.1	<p><u>Other program income and fees.</u></p> <p>(1) Does the provider allow staff and guests under age 60 to eat the meals served at this site? Yes _____ No _____</p> <p>If so, the provider agency shall recover, at a minimum, the full meal cost as determined by the uniform cost methodology (updated yearly) for those meals served to staff and guests under age 60.</p> <p>(2) Does the provider have the current cost of the meal posted in prominent location, separating the “full cost of the meal/central kitchen or food vendor costs” from the “overhead/operating costs”? Yes _____ No _____</p> <p>Central Kitchen or food vendor cost for this site: \$ _____</p> <p>Overhead/operating cost for this site: \$ _____</p> <p>(3) How does the provider document and account for payment for these meals?</p> <p>Monitor’s Findings/Comments:</p>	<p>(1) Yes ___ No ___ N/A ___ Comments:</p> <p>(2) Yes ___ No ___ N/A ___ Comments:</p> <p>(3) Yes ___ No ___ N/A ___ Comments:</p>
13.	304.6.i.2	<p><u>Other program Income and fees.</u></p> <p>Are State Community Based Services (State CBS) funds used to fund meals and/or services at this site? Yes _____ No _____</p> <p>If “yes”, how are the payments “of part or all of the cost of the meal” collected and</p>	<p>Yes ___ No ___ N/A ___ Comments:</p>

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13...Cont'd		<p>documented?</p> <p>If “yes”, how are the funds utilized at this site?</p> <p>Monitor’s Findings/Comments:</p>	
14.	*304.5.h	<p><u>Section 304.5 – Requirements for Meals</u></p> <p><u>Menu monitoring.</u></p> <p><i>Monitor – review provider’s menu file for this site which documents “meals as served”.</i></p> <p>Monitors Findings/Comments:</p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>
15.	*304.12 *202.17	<p><u>Section 304.12 - Laws and Codes</u></p> <p><u>Criminal Records Investigations.</u></p> <p><i>Monitor – review documentation or staff personal files to confirm that all employees have been screened and approved through the state criminal records inspection process according to state law and the current policy of the Department of Human Resources.</i></p> <p>Monitors Findings/Comments:</p>	<p>Yes ___ No ___ N/A ___</p> <p>Comments:</p>